

Ident No. \_\_\_\_\_  
(for DOTD use only)

Rev. 03/12

STATE OF LOUISIANA  
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT  
MATERIALS AND TESTING SECTION  
**PRELIMINARY INFORMATION FORM**  
**FOR**  
**AGGREGATE SOURCE APPROVAL**

(Please print or type)

Name of Company \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ FAX No.: (\_\_\_\_) \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
Type of Aggregate \_\_\_\_\_ Date Submitted \_\_\_\_\_  
Trade Name of Aggregate (if applicable): \_\_\_\_\_

**Source:** The following information applies to the point of origin of the aggregate such as quarry, pit, manufacturing plant, or site of reclamation.

Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
P. O. Box or Street City State Zip  
Site Location \_\_\_\_\_ Latitude \_\_\_\_\_  
\_\_\_\_\_ Longitude \_\_\_\_\_

Details as to the extent and location of material within source (Quarry face, ledge elevations and thickness, etc.) and Overburden Material \_\_\_\_\_

**Distributor:** The following information applies to the company that markets the aggregate.

Company Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
P. O. Box or Street City State Zip

Background Description of Company Offering this proposal: \_\_\_\_\_

Intended Uses of Aggregate: Primary: \_\_\_\_\_  
Alternate(s): \_\_\_\_\_

**MATERIAL COMPOSITION**

Description of Composition of Material \_\_\_\_\_

Is material naturally occurring? (Y/N) \_\_\_\_\_ Is material a manufactured aggregate? (Y/N) \_\_\_\_\_

Is material a by-product or waste product of a chemical or manufacturing process? (Y/N) \_\_\_\_\_

Description of process attached? (Y/N) \_\_\_\_\_ Copy of Quality Control Program Attached? (Y/N) \_\_\_\_\_

Alternate or comparable to what existing materials or product: \_\_\_\_\_

Meets requirements of following specifications: AASHTO \_\_\_\_\_ ASTM \_\_\_\_\_ FHWA \_\_\_\_\_ OTHER \_\_\_\_\_

Availability: Seasonal (Y/N) \_\_\_\_\_ Delivery at Site \_\_\_\_\_

Are Quantities Limited: (Y/N) \_\_\_\_\_ Volume readily available (Estimate) \_\_\_\_\_

New on Market?: (Y/N) \_\_\_\_\_ Date Introduced \_\_\_\_\_ Estimated Cost Per Unit: \_\_\_\_\_

Will Special Handling be Required to use or Test Material: (Y/N): \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

Has this material been previously evaluated by the LDOTD or LTRC? (Y/N): \_\_\_\_\_ When: \_\_\_\_\_

(If yes, please attach test report.) Previous Source Code (if applicable): \_\_\_\_\_

What other government agencies have used or tested this material?

Agency \_\_\_\_\_

Agency \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

General Notes:

1. All materials required for evaluation shall be furnished by the Source/Distributor at no cost to the Louisiana Department of Transportation and Development.
2. A separate form will be required for each aggregate source and type of aggregate submitted for evaluation.
3. Incomplete forms and/or erroneous information furnished as part of this form will result in the material being rejected for testing.
4. The Department reserves the right to return all unused samples to the source.

Data resulting from the evaluation of the submitted aggregate is public information and will not be considered privileged. The source is hereby notified that the Louisiana Department of Transportation and Development reserves the right to release or distribute any of the information included in or attached to this form and the test results obtained as part of our laboratory testing and field evaluation.

The Louisiana Department of Transportation and Development will not consider any new product for testing until this form is completed, signed (below) by an authorized official of the source and distributor, and returned to the Coordinator at the address shown below:

Louisiana Department of Transportation and Development  
Materials and Testing Section  
5080 Florida Boulevard  
Baton Rouge, Louisiana 70806-4123

The undersigned hereby certifies that all information submitted with this application is accurate and correct to the best of their knowledge.

**SOURCE**

Name: \_\_\_\_\_  
(Please print or type)

Title: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**DISTRIBUTOR**

Name: \_\_\_\_\_  
(Please print or type)

Title: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_